

Northern Ohio District of the Church of the Brethren
Hottle Memorial Fund Grant Application

The Congregational Commission shall help provide a means of funding projects and programs for congregations of the Northern Ohio District Church of the Brethren an opportunity to establish new projects and ministries or impacting outreach in their communities. The funding for the Hottle Memorial Fund is generated through interest earned from the principal of the fund.

Requests for funds must be submitted to the congregational commission prior to be considered for the next district board meeting with detailed request and accountability of the proposed project. Each request will be carefully and prayerfully considered and acted upon in a timely manner. The Congregational Commission will present their recommendations to the District Board for a final review and action.

DEADLINE: The Congregational Commission will consider applications during their regularly scheduled meetings. Completed applications must be received four (4) weeks before the next scheduled meeting. Meeting dates are posted on our District website: www.nohcob.org. Additionally, attendance is required (physically or electronically) at the Congregational Commission meeting to present your application and answer any questions that may arise prior to the District Board's action.

PROCESS: Complete the attached application (black ink) in full and submit to the District Office. The Congregational Commission will contact you with a date and time to attend their next scheduled meeting. The Commission makes a recommendation to the District Board. The District Board will act on the application and if accepted, the Northern Ohio District Office will issue funding, usually within two weeks of the meeting.

Requirement: All congregations are required to provide at least 10% of total project cost for each funded grant.

Notification of Outcome: The Congregational Commission will contact you by phone/letter/or e-mail.

Please submit applications to: District Office

Application Information

Congregation: _____ Date _____

Address: _____

City _____ Zip _____

Phone (_____) _____ Fax (____) _____

Email: _____

Pastor: _____

Phone (_____) _____ Email: _____

Church Board or Leadership Team Chairperson: _____

Phone (_____) _____ Email: _____

Treasurer: _____

Person Completing the Application: _____

Total Amount Requested: \$ _____

Grant request Data

Project Name: _____

Amount Requested: _____ **Total Cost of Project:** _____

Please check the box below that indicates the type of program that you are requesting for assistance of funds.

- Outreach Ministry Grants Programs
- Program Development Spiritual Growth or Spiritual Health
- Project Grants

Project/Vision Description: (use additional space as needed)

Specifically describe the grant request.

Describe to whom this requested grant will serve or benefit.

Are there any other church or community organizations involved in this project?

Describe how the congregational support of project will be achieved.

Give a detailed outline of start date, installation, training etc., any milestones or goals, and completion date:

Note: projects need to begin within 90 days of when the Northern Ohio District Office issues your project funds. If any project is not started within the ninety days, all funds need to be returned to the Northern Ohio District unless special consideration is requested/received from the Congregational Commission.

| Project Items (Example: Project Begins) | Year | | | | | | | | | | | | Year | | | | | | | | | | | |
|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | | | | |

Project Budget

Itemize the costs involved: **No request may exceed \$5,000.**

| Revenue or amount coming in | Budgeted <i>Actual or Pledged</i> | Actual <i>to be completed following grant period</i> |
|---|---|---|
| Amount provided by local congregation: Must be at least 10% of total cost of project | | |
| Individual Donors | | |
| Community Donors/grants | | |
| Expenses or Costs going out | | |
| Material/supplies | | |
| Contracted Work | | |
| Other Expenses (specify): (upkeep, travel, etc.) | | |
| Total Cost of Project | | |

Total amount requested _____

If this is an ongoing project please describe your plans for sustainability.

Upon completion of project the recipient shall: (please check)

- Within 30 days of the completion of the project, provide a written report giving details of how the funds were used with itemized list of fund usage and how the project has enhanced the life and growth of the church.

Following the event I will “be a servant” to the district by... (check all that apply)

- Writing a review/article for a district publication
- Teaching a class, workshop or being a counselor/event leader at a church
- Reporting on your experience at a district event/conference

ALSO: Do one of the following items

- Within one year of the completion of the project, a written report regarding how the project has continued to enhance the life and growth of the church.
- Written report regarding changes you would make if you had to do the same project again.

If the project was discontinued, please submit a report with details regarding why the project was not started or completed, within 30 days of the discontinuation.

NOTE: all unused funds must be returned to the Congregational Commission with the above explanation.

Pastor’s Signature _____

Chairperson’s or Leadership Team (Contact) Signature _____

Church Treasurer’s Signature _____

OFFICE USE ONLY

Upon careful and prayerful review the above individual/church request for assistance was:

_____ Approved for _____ _____ Denied _____ Returned for Resubmittal
(amount)

Congregational Commission Chairperson (or Designee) Signature Date of Action

District Board Chair Signature (required for amounts above \$3000) Date of Action